

DRAFT

Attachment D

County Readiness Self-assessment for Implementation of the MHSA System of Care Services Component

November 30, 2004

As part of the comprehensive planning process to develop the required three-year plan for the System of Care services component under the Mental Health Services Act (MHSA), counties and their stakeholders may find it helpful to use this County Readiness Self-assessment. This information could provide a broad base of critical information for the further development of this portion of the MHSA plan.¹ Additional draft guidance from the state on assessing current service, staffing capacities and systems of care strategies for children/youth, adults and older adults is under development.²

1. Organizational Vision, Mission and Values
 - a. Does the county have:
 - i. Vision Statement?
 - ii. Mission Statement?
 - iii. Values Statement?
 - b. Were these documents adopted or updated within the last two years?
 - c. Do they reflect a recovery/resiliency orientation? For example, do they embody the concepts of empowerment, hope, respect, self-determination, self-responsibility, social connections and development of a sense of competence?
 - d. Were they developed with consumer and family input?
 - e. Were they developed with equal input from all levels of staff?
 - f. Do they address issues of cultural diversity?
 - g. Are the vision, mission and values visible throughout the system?
 - i. Brochures
 - ii. Staff training
 - iii. Posters
 - iv. MHB/C training
 - v. Consumer materials
 - vi. Client records
 - vii. Staff language and interactions with consumers

¹ For further information about the System of Care component, consult Welfare and Institutions Code Sections 5878.1-3, 18257, and 5813.5)

² Large counties and counties with defined regional areas may want to assess readiness by area or region. Counties may decide to have major contract providers do their own readiness assessments.

2. Planning
 - a. Has the county done strategic planning or developed a master plan in the last three years? (It may be possible to begin with this document and update it.)
 - b. If yes:
 - i. Was there a written document?
 - ii. Who was involved in the planning process?
 1. Consumers
 2. Families
 - a. Of adults
 - b. Of children
 3. Youth
 4. Line staff
 5. Supervisors
 6. Mental Health Board or Commission
 7. Primary care providers
 8. Employers of persons with mental illness
 9. Alcohol and drug treatment programs
 10. Other stakeholders
 - iii. Did the county use an outside consultant? If yes, what consultant? Would the county plan to use them again?
3. Did the county produce an annual report within the last two years? (If yes, many of the items below may be available in that report. The agency Cultural Competence Plan may also provide some of this information.)
4. Clients Served in a Specific County
 - a. What is the population of the county? By age? By gender? By ethnicity?
 - b. What is the Medi-Cal population of the county?
 - c. How many people in the county are under 200% of poverty (including Medi-Cal)?
 - d. How many people in the county are homeless? How many of these have a severe mental illness? How many have a co-occurring substance abuse disorder?
 - e. How many people in the county are incarcerated? What percentage of the local incarcerated population has a severe mental illness? How many have a co-occurring substance abuse disorder?
 - f. How many people in the county are in a juvenile justice facility? What percentage of youth in a juvenile facility has a serious emotional disorder? How many have a co-occurring substance abuse disorder?
 - g. How many children/youth in the county are in foster care placements both in county and out-of-county? What percentage of

youth in foster care has a serious emotional disorder? How many have a co-occurring substance abuse disorder?

- h. How many clients did the county serve in Fiscal Year 2003/2004?
 - i. By age
 - ii. By age, by gender
 - iii. By age, by gender, by ethnicity
 - iv. By payer category
 1. Uninsured
 2. Partially insured
 3. Medi-Cal
 4. Medi-Cal/Medicare
 5. Medicare only
 6. Others
- i. How many clients are in nursing facilities and mental health rehabilitation centers (MHRCs) including those designated as Institutions for Mental Disease (IMDs)?
- j. How many clients are housed in Board and Care facilities?
- k. Estimate what percentage of county clients in each of the categories below are:
 - i. Adequately served (they are getting the amount and type of service that both they and their mental health provider believe is sufficient)
 - ii. Underserved (the client and the mental health provider agree that either they need a different type of service or the amount of service they are currently getting should be increased, but the service is not available)

	Adequately Served	Underserved
Children		
Transition Age Youth		
Adults		
Older Adults		

5. Quality Improvement Assessment – Describe the current status and assess the adequacy of the organization in each of the following areas:
 - a. Performance outcomes, including consumer satisfaction
 - b. Training
 - c. Practice guidelines
 - d. Level of care guidelines
 - e. Special studies
 - f. Consumer, family and provider involvement
 - i. Does the organization have consumer and family member pre-meetings?

- ii. Does the organization provide consumer and family member mentoring?
 - iii. Does the organization provide training for consumers and family members?
 - iv. Does the organization obtain feedback from consumers and families concerning their participation?
 - g. Cultural competence
6. Budget Information – The most recent county cost report and budget information in an easily understandable format will enable stakeholders to comprehend current and proposed revenues, expenditures, operating and administrative costs and total costs per client (broken down at least by age). Determine what percentage of the budget is spent on direct services and on administrative costs.